FACT SHEET

Disease Management (DM)

What

SCAN provides telephonic ambulatory case management for members with Congestive Heart Failure (CHF) or Chronic Obstructive Pulmonary Disease (COPD). Disease-specific interventions are delivered by registered nurses, following evidence-based guidelines and focusing on self-management of health conditions through education and coaching. The program team is interdisciplinary and includes a Board Certified Geriatrician, Clinical Pharmacist and a Behavioral Health Specialist.

Who

SCAN provides disease management to members with:

- Heart Failure NYHA Class II, lll, or early IV- Members must be able to stand for daily weights and cannot be ESRD on dialysis, in hospice or in a SNF.
- COPD- Members cannot be in hospice or a SNF.

Why

- To prevent avoidable hospitalizations
- Increase adherence to treatment plan
- To improve members' function, quality of life, and satisfaction with healthcare

How

- Identify potential DM candidates by direct referral from physician, medical group representatives or SCAN data mining using a risk stratification model
- Outreach to the member to explain program benefits, confirm participation criteria and commitment, and obtain voluntary enrollment
- Provide free educational materials and equipment as needed (scale for CHF,
- spacer for COPD), and other self-management tools
- Regular member contact by RN to assess and monitor the participant's health condition
- Identify problems and support timely interventions related to symptom changes, barriers to adherence, and access to healthcare needs
- Provide disease-specific education
- Develop individualized member care plan and evaluate progress to goal
- Facilitate communication and collaboration between healthcare providers

When

Over the course of 12 months, the frequency of RN outreach calls to enrolled members is based on the length of time in the program, the member's individualized needs, acuity and/or utilization. Call frequency general decreases as members gain greater understanding and demonstrate measurable progress in the management of their condition(s). CHF and COPD cases are closed once agreed upon goals are achieved.

Please send completed referral form via e-mail to CMReferral@scanhealthplan.com. Please use file encryption that is password protected or fax form to (562) 989-5212. For questions regarding case management enrollment please contact our referral coordinator at (562) 308-4373.